

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19499

1. PLACE OF DEATH

County Jackson
Township Ray
City Kansas City

Registration District No. 109
Primary Registration District No. St. Mary's 109

File No. _____
Registered No. 2103
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Richmond Ave St. Richmond Ave Ward. Richmond Ave
(Usual place of abode) (If nonresident give city or town, and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U.S., if of foreign birth? yrs. (mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Fred Worsler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11 - 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
50 9 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Jacob Misher

11. BIRTHPLACE OF FATHER (CITY OR TOWN), (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Rebecca Beverly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN), (STATE OR COUNTRY) Ohio

14. INFORMANT Fred Worsler
(Address) Richmond Ave

15. FILED 6/7 26 1946 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1946

17. I HEREBY CERTIFY That I attended deceased from June 1, 1946 to June 7, 1946
that I last saw him alive on 6-7-46 at 7:00 P m., and that death occurred, on the date stated above, at 7:00 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Stroke
III (D)
CONTRIBUTORY (SECONDARY) Perforation of Duodenum
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, Ottawa Kan

DID AN OPERATION PRECEDE DEATH? yes DATE OF June 7 1946

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Triglyceride

(Signed) C. D. Mc Harris M. D.
6/7, 1946 (Address) 729 Rialto Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Richmond Ave DATE OF BURIAL June 8 1946

20. UNDERTAKER J. M. Laybourne & Co ADDRESS Richmond Ave

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Revised United States Standard Certificate of Death

Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septi emia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

suppose infected
all bladder, bone was
perated on in the country
did not operate for Bill Blatt

Name: Daisy Horster
Who died at: Kansas City, Mo. on June 7, 1926,
Residence: No. Richmond House
(If nonresident, city or town)
Length of residence in city or town where death occurred: Years _____ Months _____ Days 5
Sex: F Color or race: White Single, married, widowed or divorced: Married
Date of birth: 1876 Age: Years 50 Months _____ Days _____
Occupation: (a) Trade Housewife (b) Industry: _____
Birthplace (State or country) Kans
Birthplace of father (State or country) Don't know
Birthplace of mother (State or country) Don't know
CAUSE OF DEATH: Shock
194A
Contributory: Perforation of Duodenum
Previous operation for Removal of Gall Bladder
Where was disease contracted? Ottawa Kans
Did operation precede death? yes Date of 6-7-26
Was there an autopsy? no What test confirmed diagnosis? Pathology
Name of physician: C. A. Mc. Guire M.D.
Address of physician: 529 Rialto Bldg.